



**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2009**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

W0538.70003US00

Application Number 09/698,586-Conf. #3464

Filed October 27, 2000

For METHOD OF EXCHANGING SECURITIES

Art Unit 3692

Examiner H. T. Dass

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ 1,175.00

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 27,900

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


Signature

January 29, 2009

Date

Steven J. Henry

617.646.8000

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

Adjustment date: 03/11/2009 CKH/LK
01/30/2009 NGUYEN1 00000023 232825
02 FC:2255 1175.00 CR

09698586

Express Mail Label No. EM 130 480 714 US Dated: January 29, 2009

01/30/2009 NGUYEN1 00000023 232825 09698586
02 FC:2255 1175.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/26/09</u>		2 Serial/Patent # <u>09/098586</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$ 1,175.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,175.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9. <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>			2	3	--	2	8	2	5
2	3	--	2	8	2	5					
X	No Fee Due (Explanation):										
No EOT fee due w/ petition											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Denise Williams</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u><i>Denise Williams</i></u>		PHONE: <u>x28930</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>CKHOK</i></u>		DATE: <u>3/11/09</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**